

**Public Report Out on the June 5, 2004
Parent Summit:
Services and Supports
for
Individuals with Disabilities**

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Georgetown University Center for Child and Human Development, University
Center for Excellence in Developmental Disabilities*

*In Collaboration with the Office of the City Administrator and
the Office of the Deputy Mayor for Children, Youth, Families and Elders
District of Columbia Government*

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GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of the Deputy Mayor for Children, Youth, Families and Elders



EXECUTIVE SUMMARY REPORT

**Parent Summit: Services and Support
For
Individuals with Disabilities**

This Spring parent advocates, along with representatives of Georgetown University Center for Child and Human Development, University Center for Excellence in Developmental Disabilities, collaborated with the Office of the City Administrator and the Office of the Deputy Mayor for Children, Youth, Families and Elders to hold a *Parent Summit: Services and Supports for Individuals with Disabilities*. The purpose of the Summit was to offer an opportunity for caregivers and family members to share their thoughts for improving services the District of Columbia and community partners provide to people with disabilities.

We offer a special thanks to parent advocates Doreen Hodges and Michelle Hawkins, and to Toni Fisher and Marisa Brown from the Georgetown University Center for Child and Human Development. Their dedicated work with the Office of the City Administrator and the Office of the Deputy Mayor for Children, Youth, Families and Elders was key to publicizing and convening a successful Summit.

The District of Columbia remains committed to partnering with citizens, private agencies, and public administrators as we re-establish our city as a premiere innovator among the states in developing community-based services and supports for people with disabilities and their families. During the 2004 Parent Summit, participants worked together in discussion groups to address questions specific to employment, general community based services, and transition. Discussions also included child care and respite services; recreation; information and referrals; health and mental health services; day habilitation and vocational rehabilitation services; housing; transportation; and guardianship. Each of the discussion groups had an opportunity to report out their findings, and suggest next steps.

In addition to the many service areas discussed that are in need of improvement, Summit participants recognized that the District has initiated several strategies to support the needs of individuals with developmental and other disabilities and their families. To highlight just a few:

- When families access early intervention, children's needs are effectively met and there is continuity of care. The Department of Human Services Office of Early Childhood Education provides priority childcare slots for children with disabilities.
- The Mental Retardation and Developmental Disabilities Administration (MRDDA) is responding to the need for a well prepared, competent workforce that is able to comprehensively meet the support needs of people with disabilities while respecting their rights to independence and self-determination. In an attempt to meet this challenge, MRDDA is implementing a variety of strategies, including provision of a comprehensive training curriculum for government and private employers, vendors, families, and community stakeholders.
- The Medicaid Home and Community Based Waiver offers avenues for community based service delivery in supported employment, transportation, housing supports, clinical services, family supports and training, and service coordination/case management for individuals with disabilities.

The District, parent/caregiver stakeholders and our community partners must continue to be engaged in dialog and collaborate in an effort to improve upon our system of services and supports to individuals with disabilities. We recognize the importance of maintaining ongoing open communication with Summit participants as we continue collaboration in this effort. The 2004 *Parent Summit: Services and Supports for Individuals with Disabilities* should be viewed as the continuation of an earnest partnership between citizens, private partners, and public administrators to develop a community-based system of services and supports that appropriately meets the needs of individuals with disabilities and their families.



Neil O. Albert
Deputy Mayor for Children, Youth,
Families and Elders



Robert C. Bobb
City Administrator and Deputy Mayor

I. Community-Based Services

Questions:

- What are the types of services (other than school and child care) that are needed to support your family?
- What are some community-based services that your family uses? What difference has this made in your lives?
- What do you like about the community-based services your family currently receives?

Table Report Out:

Employment: There is significant need for substantive employment opportunities for individuals with disabilities. This includes employment that is more lucrative as well as a greater variety of options. Participants cited related issues including reliable transportation. On the issue of the benefits of time study vs. salary, at least two participants had different opinions. One thought that time study was better and needed to be re-instituted, and the other disagreed. (Note: best practice indicates that rather than time studies to determine compensation, the individual should be assessed to determine the kind of work best suited to their abilities, and then use a comparable salary base for compensation resulting in "equal pay for equal work".)

General community based services: The District needs to establish an infrastructure that will facilitate the integration of all service needs. These services need to be flexible and accessible. Attention also needs to be paid to the recruitment and training of individuals providing services to insure that consumers are treated with dignity and respect. Participants like it when service agencies can provide linkages to services across agencies, saving them time in accessing needed services. Services need to be responsive to culturally and linguistically diverse populations.

A recommendation was made that the District convert to a "true case management system" that will ensure effective coordination of city services, smooth transitions and dissemination of information to families and city agencies, and assist in budgeting and efficient resource allocation. This recommendation is consistent with Mayor Williams' *Safe Passages* goals for on-going interagency initiatives.

Transition: The transition process of students with disabilities from high school to post-secondary activities is reported to be functioning poorly. Participants attributed poor delivery of transition services on the following:

1. Agencies' inflexibility; and
2. Unavailability of in-home supports such as house cleaning and maintenance.

NOTE: Issues and Recommendations related to Transition services are discussed in more detail in the next section.

Information: There is not enough information in the community for individuals or their family members to know what services and support systems are available. The District needs to provide more community education and awareness on the resources available.

Positive difference: Participants felt that the following organizations have made a positive difference in their lives:

- Kennedy Institute
- D.C. Department of Human Services Rehabilitation Services Administration (RSA)
- DOORS

In need of improvement: Mental Retardation and Developmental Disability Administration (MRDDA) and RSA were cited for rigidity, and RSA was cited for slowness in response.

Next Steps:

- Expansion of resources/family supports through the identification of a One-Stop Center for accessing information and facilitating/coordinating necessary interagency service referrals.
- Review the MRDDA Home and Community-based Services Waiver to determine the range of options for increasing provider capacity in the area of supported employment. Ensure participation of Department of Employment Services (DOES) and RSA in this review.
- Revisit the need for re-convening the Interagency Council on Transition Services (established through a 1999 Cooperative Agreement between D.C. Public Schools and stakeholder District agencies), and recommend that there be youth with disabilities participation on the Council.

II. Transition Services

Questions:

- If you think about the transition that takes place from early intervention (birth to three years) to public school, what are some things that would make that transition easier? What is working?
- As you think about the transition that students make between elementary and junior high and middle school, what are some things that would make that transition easier? What is working?
- Transition services are an important part of individuals developing into productive, independent adults. If you had the opportunity to develop a coordinated set of services, what are the options you would like to have available to you?
- What are suggestions for partnerships between city and private agencies?
- What is an appropriate role for family members in these partnerships?

Table Report Out:

Participants stressed the need for Transition Services to be delivered as a seamless process from one agency to another. The services should follow the child from birth to adulthood consistent with the goals of *Safe Passages*. Interagency collaboration and coordination should happen at entry and discharge. Key issues mentioned were:

- Early intervention – provide early outreach to families.
- Link 3-4 year old children with the District of Columbia Public Schools (DCPS) programs.
- Expand support services.
- Expand capacity to manage increasing case management demands.

Early Intervention: Basic components of a transition system from early intervention to school exist in the form of a variety of referral systems, but the transition process is fragmented. DHS (Early Intervention Office – birth to three) provides plans as part of the child's Individual Family Service Plan, and case managers work with families to transition the child to an appropriate setting. Multi-cultural outreach workers and organizational structures are still needed to meet the needs of families.

Questions were also raised about Head Start regulations that can be modified to improve the transition from early intervention to services provided by the DCPS; and increased collaboration with DCPS.

School age: There are not enough programs for 3-year old children. Families face financial barriers, lack of information on how to connect to educational and other programs, and identification of who delivers services and how services are provided.

Participants expressed the need for structured, educational programs with appropriate behavioral supports, especially at the middle school level.

School to Adult: Participants felt that for this process to improve, the Memorandum of Understanding on Transition services between DCPS and related agencies needs to be revised to insure the involvement of cross agency transition teams earlier in the planning process.

At all levels:

- Communication and collaboration are key elements for client-centered services. Parents or guardian needs to be involved in the process at all stages of their child's transition through the school system.
- DCPS must inform the family when they determine the child is not receiving a diploma but a certificate of completion.
- Children and youth must be included in the planning process.
- Plans must be individualized.
- Ensuring interagency coordination and planning is critical to the transitioning process.
- The transitional IEP must fully address service needs. One parent indicated that budgetary constraints limit the provision of appropriate transition services.
- Consistent training across transition agencies should be provided to ensure effective collaboration and communication.
- Mediation process should be available to families.
- Agencies must provide user friendly, understandable, and more readily available information.
- Adult service agencies need to establish better partnerships with the school system.
- The District needs to enhance Web site/information data bases/central repository resource center.

- A central office (family center) for persons in disabilities is needed. Single Point of Entry System should help create a One-Stop Center capability.
- RSA needs to do more in transitioning young adults and adults into active civic life. Improvements are recommended in the areas of training, linkages to city services, employment, etc.

Next Steps:

- Improve coordination between DCPS, Office of Early Childhood Development, RSA and MRDDA (as well as appropriate non-profit organizations) to facilitate transition services at all levels of development.
- Revise MOA between DCPS and other transition agencies.
- Convene the State Education Advisory Council that confirms to the requirements of IDEA.
- Ensure regular communication between all Task Forces and Committees focused on transition services (such as the Interagency Coordinating Council, Special Education Task Force, Interagency Council on Transition Services, and the Developmental Disabilities Council). Ensure the involvement and participation of DCPS in these processes.
- Review the roles and responsibility of DCPS with respect to identification of early intervention programs for 3 and 4 year old children, and coordination between DCPS and the DC Early Intervention Program to increase "child-find" activities (such as providing developmental screenings and the identification of children eligible under IDEA).
- Consider the development of a joint management information system to track transition services between DCPS Early Childhood Division and the DC Early Intervention Program.
- Collaborate with DCPS to ensure the assignment of an early childhood specialist for each early intervention provider.
- Insure that school personnel responsible for the development of Individual Education Plans are knowledgeable about the rights and responsibilities guaranteed under the Individuals with Disabilities Education Act to provide appropriate transition services without regard to the availability of funds.
- Determine the feasibility of expanding/leveraging an existing One-Stop Center to include the provision of services and supports for caregivers and persons with disabilities.
- Expansion of resources/family supports through the identification of a One-Stop Center for accessing information and facilitating/coordinating necessary interagency service referrals.

III. Child Care & Respite Services

Questions:

- Are you aware that the Office of Early Childhood Education provides priority childcare slots for children with disabilities until the age of 19 years?
- If you are a recipient of these services, how have these services made a difference for your family?
- What other supports are needed to make child care accessible for children and youth with developmental disabilities?
- What are your family's needs for respite care? (Each participant should be given time to tell their story.)
- What are proposed solutions or options to address respite care needs?

Table Report Out:

Parents are aware of the Office of Early Childhood Development's childcare services. When families access early intervention, the parents and children's needs are effectively met and there is continuity of care.

Parents are having difficulty getting vouchers for childcare that can meet special needs of children with disabilities. Childcare services need to be provided in conjunction with Head Start so that no gaps in childcare are created when families enroll their children in a Head Start program. Families also need to access childcare services after school and during the summer. Parents face challenges when caseworkers do not collaborate with them to obtain nursing services in child care, after care and summer programs.

Respite care is very important. Family members taking care of adult family members with disabilities need respite opportunities. Most services that are available are for children and not adults. The absence of a continuum of care to support families results in family members not being able to work.

Major recommendations included:

- Child care providers need training on skills and attitudes for working with children with disabilities and their parents/caregivers.
- Childcare centers and employment need to be provided in the same facility.
- Enhancing before and after school care capacity;
- Professional development for occupational and physical therapists; and
- Professional development for providers of childcare, and before and after care programs, to mainstream children with disabilities.

Next Steps:

- Continue to provide training for child care providers through OECD, specifically on how to include children with disabilities in early childhood settings.
- Continue to provide training for child care providers on recognizing and reporting child abuse and neglect, and make reporting protocols available to parents.
- OECD to continue to conduct child care needs assessments (including accommodations for children with disabilities) for District government agencies constructing new facilities.
- Study the feasibility of entering into provider agreements with charter schools and other programs that operate before and after school programs to ensure children with disabilities are included.
- Require all funded Child Development Associate training programs to include a module on supporting children with disabilities and their families.
- Train child care providers on the use of appropriate developmental screening instruments.

IV. Recreation Services

Questions:

- What do you need in the area of recreational services?
- What changes in recreation services do you think are needed?

Table Report Out:

Participants recommended that the District consider establishing a program, like the Special Populations Programs in Maryland, for individuals with disabilities. The State of Maryland provides supports for individuals with disabilities to participate in regular recreation activities. The District needs to coordinate with DCPS to provide more aides for recreation and sports activities (basketball, soccer, softball, volleyball) available) other than Special Olympics. Children with disabilities need to have equal access to recreation activities across the City. Some families cannot cover the cost for swimming.

Safety and quality is very important for those with special needs. More staff is needed in some areas to assist in programs like swimming. Additional suggestions included:

1. Increased staff to children ratio needed.
2. Activities need to be accommodated to meet individual needs.
3. Parents and consumers need to evaluate programs.

Other Needs identified were:

- More after-school programs needed for tutoring, mentoring and recreation activities.
- More training needed for recreation staff on how to be supportive to parents of children with special needs.
- DPR should work with adult programs and parent groups to get vouchers for recreational activities.
- A swimming coach is needed for Special Olympics. DPR should collaborate with Special Olympics to plan and expand programs.
- Need to ensure that individuals with special needs know about DPR programs and activities.
- Need to have separate activities for younger children; not combine them with teenagers.

- Special Olympics do not have activities on weekends. Need to have a person from each school sponsor Special Olympics.

Next Steps:

- Improve coordination between DCPS and DPR in addressing the needs of children who require dedicated aides or adaptive equipment. This coordination must occur at the highest level of government, and involve other stakeholder agencies.
- Review and revise training curriculum for DPR staff with respect to serving children with disabilities and providing information on available therapeutic programming.
- DPR to involve a core group of parents of children with disabilities to address recreation issues impacting residents with special needs. Specifically, DPR will engage in joint collaborations with parents of children with special needs (to include such activities as the first Family Fun Day (held on October 23, 2004) and ultimately convene a Parent Advisory Council that will regularly advise DPR on recreation issues impacting children with special needs. These types of collaborations between parents and DPR will help facilitate increased parental participation and involvement in recreational activities and programs.
- DPR should collaborate with OECD on all facets of before and after school programs for tutoring, mentoring and recreation (academic re-enforcement with therapeutic programs and inclusive services).

V. Information and Referrals

Questions:

- On a scale of 1-5, with five being excellent, how well do you think city agencies are doing with getting information to families about services and supports that are available?
- What are some examples where city agencies are doing a good job of getting information out?
- What are some suggestions for improving how information is given to the public?
- What are some suggestions for improving referrals from one agency to another?

Table Report Out:

Most agencies do a good job of getting information out about their services. (Note: In almost every other focus group, participants cited the need for better communication about services available.) However, information on and referral to providers is not readily available. There is not a central source of information on services and where to access services. Agencies should have a coordinator or point person knowledgeable of services for individuals with disabilities.

Agencies could better inform families and individuals with disabilities about services and resources for assistance if they:

- Meet individuals where they are;
- Went beyond compliance to meet needs;
- Were more culturally competent;
- Treated persons with disabilities with dignity and respect, and
- Make services accessible.

Suggestions on how to improve information and referrals were:

- Create a Central database/warehouse of all information regarding services to people with disabilities.
- Establish a coordinator in each key agency and have monthly or quarterly meetings to share information, discuss problems, identify solutions regarding people with disabilities.
- Create one intake form – combining both family's and children's needs.
- Train front line government employees.

Next Steps:

- Ensure that all agencies across the Human Services cluster have current information on services and programs for people with disabilities.
- Ensure mechanisms are in place to make information on services and programs easily accessible to persons with disabilities.
- Study the feasibility of establishing a One-Stop Center for caregivers of individuals with disabilities.

VI. Health and Mental Health Services

Questions:

- What is your definition of mental health services?
- Do you think that people in your community are hesitant to seek mental health services for themselves or a family member? If yes, why?
- What are some of the services provided through the Department of Mental Health that are important to you, your family and/or your community?
- What suggestions do you have for improving the delivery of mental health services?
- What are the unmet special health care needs of people with disabilities?
- What are some examples of good health services for people with disabilities?
- What are your suggestions for improving access to health services for people with disabilities?

Table Report Out:

Participants stated that the goal for mental health and health services for people with disabilities should be: *to support a state of well being, allowing the person to work, maintain a quality life style and live as independently as possible.*

Prescription services: People with disabilities are seeking help with prescription services. Many have to go to specific places for services, and participants reported that there are an inadequate number of providers that can accommodate the needs of individuals with

disabilities. Participants also noted that people with disabilities may lack the skills or knowledge to ask for services and often have to cope with feeling discriminated against. Trust is an issue.

Integration of services: There is not enough awareness of what services exist. Mental health and health services need to be integrated with schools. There is a need for building bridges between professionals and the community.

Health disparities: There is a need to target the special needs of African-American males as it relates to over-medication in response to mental/behavior/social problems. (Note: This statement was reported in the focus group. It might be helpful in terms of understanding the complex array of issues related to mental health and the impact of culture, race and ethnicity, refer to Mental Health: Culture, Race, and Ethnicity. A Supplement to Mental Health: A Report of the Surgeon General, U.S. Department of Health and Human Services, 2001). This study found that African Americans with mental health needs are less likely than whites to receive treatment. If treated, they are likely to have sought help in primary care, as opposed to mental health specialty care. They frequently receive mental health care in emergency rooms and in psychiatric hospitals, overly represented in these settings partly because they delay seeking treatment until their symptoms are more severe.

For certain disorders (e.g., schizophrenia and mood disorders) errors in diagnosis are made more often for African Americans than for whites. The limited body of research suggests that, when receiving care for appropriate diagnoses, African Americans respond as favorably as do whites. Increasing evidence suggests that, in clinical settings, African Americans are less likely than whites to receive evidence-based care in accordance with professional treatment guidelines.

Health care accessibility: There are problems reported with health providers not willing to see patients with disabilities. Health providers don't always have the necessary equipment and training to serve consumers, forcing consumers to rely on emergency rooms for care. Providers are saying Medicaid doesn't pay enough for the services delivered. Persons with disabilities are quickly moved to psychiatric units.

Items identified for improving Mental Health and Health services were:

- Provide more community based services and affordable healthcare alternatives.
- Train providers on working with children, and increase providers' cultural competency and knowledge of the special health care needs of people with disabilities.
- Invest in community based organizations and hold these organizations accountable.
- Provide community support workers in homes (critical).
- Provide more choices in providers for consumers.
- Stabilize service delivery systems.
- Provide more resources for advocacy, technical assistance and capacity building for providers.
- Identify vendor(s) in the District of Columbia who accept fee for service or Medicaid for the full cost of hearing aids. Participants noted that this has been a problem for 3.5 years, and affects children as well as the elderly.

Next Steps:

- DMH, DOH, and DHS will continue to collaborate to develop provider capacity, specifically mental health and physical healthcare provider capacity. MRDDA/DHS, DOH, and DMH to work collaboratively in implementing Memoranda of Understanding to increase the number of healthcare professionals who are knowledgeable about the special health care needs of people with disabilities.
- Consider affordable healthcare alternatives for individuals and families who do not currently qualify for assistance and cannot afford access.
- Utilize the Multi-Agency Planning Team (MAPT) Process to ensure the timely issuance of levels of care and/or provision of needed community-based services and supports for children with mental health needs.
- DCPS and DMH to formalize an intervention process for requesting MAPT reviews.
- Continue to provide technical assistance to potential Medicaid-certified service providers to ensure that caregivers of persons with disabilities have a greater range of options.

VII. Day Habilitation and Vocational Rehabilitation Services

Question:

- Is someone in your family receiving day habilitation services?
Does MRDDA provide the service?
- What do you like about the services your family member is receiving?
- If you were able to design day treatment services, what would that look like?
- What are your suggestions for increasing employment opportunities?
- Do you have any suggestions for businesses that are developed for and operated by people with disabilities?

Table Report Out:

Communication: There needs to be better coordination between agencies and centralization of information. In particular, families need information on options that are available to them for services and supports such as assistive technology. People need more information on jobs and job supports and what is available in the marketplace. District agencies and community organizations need a mechanism to support frequent feedback from families and individuals with disabilities so that people can receive high quality services, and programs that are responsive to their issues.

Agency staff needs to be well trained, competent and well informed about available options. Parents need training and support on how to be involved in their children's lives and serve as advocates.

Transition: Stronger links are needed between DCPS transition, RSA, DCPS and MRDDA for earlier involvement. The need for better information is particularly acute for parents whose children are in the Child and Family Services Administration (or any caregiver).

Other: The District needs to increase hiring of people with disabilities in city agencies – possibly also offering on the job training opportunities.

Next Steps:

- DCPS Special Education Division should begin to provide MRDDA and RSA special education student count data for students 14-21 by school and disability annually.
- RSA should also assign staff to provide mandated transition services to DCPS students receiving special education services, on the availability of vocational rehabilitation services. RSA staff should also conduct workshops, attend parent-teacher meetings, and participate in staff development.
- Establish linkage between DPR, other agencies within Human Services cluster, and DCPS to explore the feasibility of creating a training and job placement program for individuals with disabilities.

VIII. Housing**Questions:**

- How are your family's housing needs affected by your family member with a disability?
- In looking to the future, what do you think your child's housing needs will be when they become a young adult?
- What are your suggestions for increasing the availability of accessible and affordable housing?

Table Report Out:

Families that include family members with physical disabilities need housing that provides additional space to accommodate the use of wheelchairs, and supplies and equipment needed. They may also need space for therapy and physical exercise. Housing is also needed with non-carpeted floors.

Some specific problems with Section 8 housing include: lack of upkeep; the need for a special fund for people with disabilities to get a security deposit for Section 8 housing; and more outreach to provide information to clients in Section 8 housing.

One participant said that she was told when she entered Section 8 Buy Program that she would receive assistance with credit problems, but that was not true. She is sick of having to move every 2 years because

the landlord sells his house. This participant was so distraught that she left her name, phone number and address.

Suggestions made included:

- There should be a special grant or waiver for parents with children with disabilities for security deposits.
- There should be incentives to landlords to rent to Section 8 recipients.
- Improve Section 8 laws.
- Educate landlords regarding Section 8.
- Section 8 offices should interview potential landlords for Section 8 eligibility.
- People with disabilities should receive a priority for housing.
- Build a support network for emergency situations for people with disabilities needing housing. (Note: This should be done within the auspices of the Coalition to Prevent Homelessness.)
- Require investors to provide a greater percentage of rehabilitation projects to affordable housing candidates.
- Provide training for housing authority personnel about the special needs of persons with disabilities.
- Revise rules and protocols so that cultural differences are considered in meeting the needs of individuals from the Hispanic/Latino communities.
- Landlords need to provide full disclosure about any foreclosing proceedings before a tenant signs a lease and moves into the unit.

Next Steps:

- Ensure that the status, quality and availability of housing options in the community for special needs populations, such as individuals with disabilities, are consistently represented at Comprehensive Housing Strategy Task Force meetings and become a part of the District-wide plan.
- Implement an MOU between CFSA and MRDDA to ensure early and appropriate discharge planning for individuals aging out of the child welfare system into independent and supportive living arrangements through MRDDA.
- Support discharge-planning activities across District agencies.
- Consider whether emergency assistance funding within child-serving agencies is being (or can be) used to cover the costs of emergency housing placements and/or security deposits.

IX. Transportation Services

Questions:

- What are the barriers to public transportation faced by people with disabilities?
- How do these barriers affect people's ability to work, conduct business, access health care, live independently and enjoy recreational opportunities?
- What are your suggestions for improvement?

Report Out:

Metro: *Smarttrip* cards on buses (fare cards) and Metro accessibility work well for people with disabilities. However, *Metro Access* does not always send the appropriate means of transportation. Sometimes they will send a sedan cab, when the passenger has a wheelchair that needs to be transported. They don't always show up. Metro Center and Brookland escalators are often broken, as are others. *Metro Access* expects riders to wait outside for their pickup, even though they may have to wait a long time and in harsh weather conditions. Some people have lost their jobs because *Metro Access* is so undependable.

Medical Assistance Administration (MAA): MAA's transportation (buses/vans) doesn't have attendants. Vans are dirty, often no air-conditioning. Information about vehicle breakdowns is not always available to help the consumer. "I have been transporting my 33 year old son who has autism for 15 months with no relief in sight. Help! I am 65 years old! My husband is 70 years old". Things to consider: What happens in hot weather – does the driver leave the motor running for air or does he leave the clients in a hot van? What happens if a client has a seizure or asthma attack, or becomes upset? Who assists the driver or other clients?

Department of Motor Vehicles (DMV): Handicapped stickers are not available – DMV isn't issuing them as they have indicated that they have issued too many. DMV's form is too complicated, and drivers don't want to fill out forms that are that lengthy.

Suggestions for Improvement:

- Electronic information signs at bus stops.
- More regular and frequent service during rush hour.

- Improve speaker system in subways.
- List street addresses for metro stations.
- Extended hours for both the bus and train.
- Provide more bus shelters.
- Enforce age and disability seating on buses and trains (visible and non-visible disabilities).
- Metro Access needs to call and let people know they are there.
- Have aids in MAA van service.
- Currently, people are left unattended when the driver leaves the vehicle to sign clients in/out of their programs. Many clients are being put into dangerous and unsafe conditions daily.
- Make sure vans are clean and are in good repair.
- Aids and drivers need to be trained in CPR and basic first-aid, as well as sensitivity training.
- Handicapped fares should not go up with scheduled fare increases.

Next Steps:

- Convene a meeting with District representatives to Metro's Board to discuss accessibility issues for individuals with disabilities who use public transportation.
- MAA to issue RFP for transportation "broker" who will manage all aspects of the transportation program.

X. Guardianship

Questions:

- What do you know about guardianship issues related to your family member with a disability?
- Have you had different issues as a guardian? What are they? What has been helpful?
- What are your suggestions for improvement?

Table Report Out:

There is not much knowledge on issues with guardianship as it relates to people with disabilities. There is confusion on the language. What does it mean to be a ward? What is termination of rights? The legal language makes it hard for laypersons to follow the terms and meanings.

Guardians need a circle of support. Language needs to be user friendly and individuals need to be clear about available options. Support families with changes from early intervention to DCPS, and from IFSP to IEP.

There is a need to address:

- Non-attendance school status; and
- Advocacy – DCPS failure to pick-up process.

Next Steps:

- Convene meeting with the Quality Trust on their role in advocacy, educating, and providing user-friendly information to caregivers (and potential caregivers) about the guardianship process.
- Ensure DCPS and other stakeholder agencies are involved in discussions on disseminating consistent information on the guardianship process.